

# Sunday School Registration 2008-2009

(Please fill out completely and return to the church office.)

## ***Family Information:***

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Last Name :

Father's Name:

Mother's Name:

Address:

City: Zip:

Phone :

Best time to reach parent:

Email:

Who will be bringing your child(ren) to church? (please check one)  Father  Mother  Other

If "Other," please provide the name and relationship to your child:

Please consider and check the area(s) in which you are willing to help:

I am willing to be a Sunday School teacher for grade:

I am willing to be a substitute Sunday School teacher for grade:

I am willing to be a Sunday School teacher's helper for grade:

I am willing to help with children with special needs during Sunday School.

## ***Student Information:***

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1. First Name:

Birth Date:

School Grade and Name:

Allergies:

Please List:

Other medical conditions of which we should be aware:  
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2. First Name:

Birth Date:

School Grade and Name:

Allergies:

Please List:

Other medical conditions of which we should be aware:  
.....

3. First Name:

Birth Date:

School Grade and Name:

Allergies:

Please List:

Other medical conditions of which we should be aware:  
.....

4. First Name:

Birth Date:

School Grade and Name:

Allergies:

Please List:

Other medical conditions of which we should be aware:  
.....

**Parent Signature:** \_\_\_\_\_